

POSITION	ID NO.	DATE
CLASSIFIER	8	10-26-94
EXAMINER	333	11-1-94
TYPIST		
VERIFIER	204	122 95
CORPS CORR.		
SPEC. HAND	215/E42	122/1-19-95
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	1/5/94
Original	1/5/94
1	1/5/94
2	1/5/94
3	1/5/94
4	1/5/94
5	1/5/94
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BEST AVAILABLE COPY

SYMBOLS	
✓	Rejected
=	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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